

PATENT

Case Docket No. APTEX.003A

Date: May 28, 1999


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Kindig, et al.
Appl. No. : Unknown
Filed : May 28, 1999
For : SYSTEM AND METHOD
FOR MANAGING A
DATABASE
Examiner : Unknown
Group Art Unit : Unknown

I hereby certify that this correspondence and all
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for Patents, Washington, D.C. 20231, on

May 28, 1999

(Date)



Eric M. Nelson, Reg. No. 43,829

TRANSMITTAL LETTER

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231
ATTENTION: APPLICATION BRANCH

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with ten (10) references.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Return prepaid postcard.



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KNOBBE, MARTENS, OLSON & BEAR

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Assistant Commissioner for Patents
 Washington, D.C. 20231

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Attorney Docket No. : APTEX.003A
 Applicant(s) : BRAD KINDIG AND KEVIN SITZE
 For : SYSTEM AND METHOD FOR MANAGING
 A DATABASE
 Attorney : Eric M. Nelson
 "Express Mail"
 Mailing Label No. : EL 327 884 161 US
 Date of Deposit : May 28, 1999

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 30 pages; 14 sheets of drawings;
 Information Disclosure Statement, PTO Form 1449 with 10 references; Check(s)
 for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to
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John Riedel

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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: APPLICATION BRANCH

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Brad Kindig and Kevin Sitze

For: SYSTEM AND METHOD FOR MANAGING A DATABASE

Enclosed are:

(X) Specification in 30 pages, with 38 claims.

(X) 14 sheet(s) of drawing.

(X) Return prepaid postcard.

CLAIMS AS FILED

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--|-----------------|-----------------|-------|-------|
| Basic Fee | | | \$760 | \$760 |
| Total Claims | 38 - 20 = | 18 × | \$18 | \$324 |
| Independent Claims | 8 - 3 = | 5 × | \$78 | \$390 |
| If application contains any multiple dependent claims(s), then add | | | \$260 | \$0 |
| TOTAL FILING FEE | | \$1474 | | |

(X) A check in the amount of \$1474 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.

(X) Please use Customer No. 20,995 for the correspondence address.



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